PTO/SB06 (68-03) d for use Grough 7/31/2005, CAB 0651-0032 Officer, U.S. DEPARTMENT OF COMMERCE

Under the Popperwork Reduction Act of 1995, no possons are required to respond to a cultoption of information unless it displays a visid OMB control number.											
PATENT APPLICATION FEE DETERMINATION R Substitute for Form PTO-875											
Amend ed											
3-3-06 (Cotumn 1) (Cotumn 2)						SMALL (	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA				]	RATE	FEE		RATE	FEE		
BASIC FEE (ST CFR 1.16(a))							1	OR.			
TOTAL CLAIMS GF CFR 1.18(d)		130	frimes 20 -		0		ו		OR	× 5	0
DEPENDENT CLAIMS (37 CFR 1.16(k))		MS 2	edens	· ·	0		×4•		<b>OR</b>	× 4 0	0
MULTIPLE DEPENDENT CLASS PRESENT (37 CFR 1.18(d))						1	+1		QR	+8	. 0
* If the difference in column 1 is less than zero, enter "V" in column 2.						•	TOTAL		OR	TOTAL	0
. CLAIMS AS AMENDED - PART II											
Q	9/11/10								OR		RTHAN
19	Talm	(Column 1)	<del></del>	(Cotumn 2)	(Column 3)	1	SMALL (	ENTITY	1	SMALL	ENTITY
AMENDMENT A	RCE	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADOI- TIONAL FEE
Įž	Total prom unique	1 20	Minus	20			x 8•		OR	x s	
	Independent (IT CFR 1.16()()	• 70	Minus	- 3	• 7		x 8		OR	x 200	1400
₹	FIRST PRESENT	ATION OF MULTIPA	E DEPEND	ENT CLAIM GF CI	FR 1.16(0)		+8a		OR	+6	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L PEE	1400
		(Column 1)		(Column 2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		1		
		CLAIMS		HIGHEST	(Column 3)					0.00	
8		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
品		AMENDMENT		PAID FOR				FEE			FEE_/
ENDMENT	St. Charl Flaster	* X ()	Minus	- au	• _		X 8		OR	x 8=	/
Q	Independent proFR LMp3	10	Minus	10	<u>'                                    </u>		x 8		OR.	x 8•	/·
PREST PRESENTATION OF MATHRE DEPONDENT CLASS. (07 CFR 1.19(4))							+5		OR	+8=	
Г							ADD'L FEE		OR	TOTAL ADD'L FEE	/
	•	(Column 1)	•	(Column 2)	(Column 3)						/
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAD FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		rate	ADOI- TIONAL FEE
<b>S</b> E	Total profit uses	•	Minus	-	•		xs		OR	X8 •	
AMENDM	Independent profit 1.1400	•	Minus	***	•		xs		OR	X 8	
AME		ATION OF MARTIN	E DEPEND	DITCLAN OF C	R 1.1860)		+3 -		OR.	+ 1	,
SPENST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 GFR LINGS)						, ;	TOTAL ADD'L FEE		OR	YOTAL ADOL FEE	
* If the entry in column 1 is less than the citry in column 2, write 'T' in column 3.											
" If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Peld For" IN THIS SPACE is less than 21, enter "20".  "If the "Highest Number Previously Peld For" IN THIS SPACE is less than 31, enter "2".											

The Tegrest Number Previously Peld For' (Total or Independent) is the highest number found in the appropriate box to column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to that 12 minutes to complete, including gashering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the entered of time you require to complete this form and/or suggestions for reducing this burdon, should be cent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SCHO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.